



City of San Marcos

REQUEST FOR INSPECTION

Facility Name _____, Phone # _____

Physical Address _____

Mailing Address _____

Owner/Operator/Person in Charge _____

Licensing Representative's Name _____

Number of Children Licensed to Keep _____, Number of Children enrolled _____

Commercial Facility _____ (\$105.00 fee paid)

Non-Profit _____ (501C Non-Profit tax Form Attached)

Type of Facility (Circle One), Day Care, Kindergarten, Nursery School, Foster Home,
Adoption Home, Residential Treatment, Emergency Shelter.

Inspection Purpose: New _____, Renewal _____, Complaint _____.

Requested Date and Time of Inspection: _____

Signature of Child Care Official _____ Date _____